

15 JUN 22 PM 3:13 JUN 22 PM 3:13

**FEC FORM 2  
 STATEMENT OF CANDIDACY**

|   |  |  |                                       |  |
|---|--|--|---------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br>Kamala D. Harris  |  |  | 2. Identification Number<br>C00571919 |  |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br>777 S. Figueroa Street, Suite 4050 |  | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |                                       |  |
| (c) City, State, and ZIP Code<br>Los Angeles, CA 90017  |  | 4. Party Affiliation<br>Democratic Party   |                                       |  |
| 5. Office Sought<br>Senate  |  | 6. State & District of Candidate<br>CA, 00   |                                       |  |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).  
 (year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

|   |  |
|---|--|
| (a) Name of Committee (in full)<br>Kamala Harris for Senate           |  |
| (b) Address (number and street)<br>777 S. Figueroa Street, Suite 4050 |  |
| (c) City, State, and ZIP Code<br>Los Angeles, CA 90017                |  |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

|   |  |
|---|--|
| (a) Name of Committee (in full)<br>Golden-Bay State Victory Fund    |  |
| (b) Address (number and street)<br>124 Washington Street, Suite 101 |  |
| (c) City, State, and ZIP Code<br>Foxboro, MA 02035                  |  |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|   |                 |
|---|-----------------|
| Signature of Candidate<br> | Date<br>6/10/15 |
|---|-----------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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6/18/2015

From: (213) 452-6565  
Helda Kevork  
Kaufman Legal Group  
777 S. Figueroa Street, Suite 4050  
Los Angeles, CA 90017

Origin ID: EMTA



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Secretary of Senate

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WASHINGTON, DC 20510

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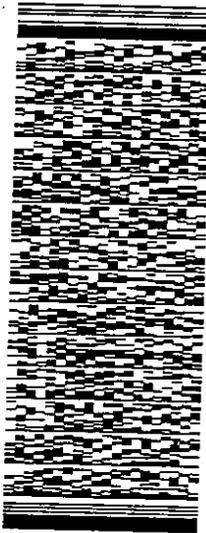
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# United States Senate

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OVERNIGHT DELIVERY SERVICE:

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| FEDERAL EXPRESS  | <u>6-18-15</u> | <input type="checkbox"/>   |
| UPS              | _____          | <input type="checkbox"/>   |
| DHL              | _____          | <input type="checkbox"/>   |
| AIRBORNE EXPRESS | _____          | <input type="checkbox"/>   |

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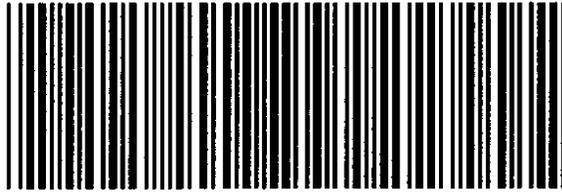
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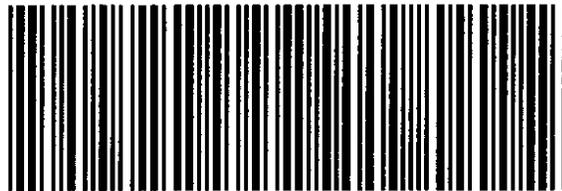
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